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SERVING THE VISUALLY IMPAIRED OF MARYLAND:
AN ANALYSIS OF PROGRAMS, SERVICES,
AND KEY PROBLEMS

Prepared for:

THE GOVERNOR'S OFFICE ON COORDINATION
OF SERVICES TO THE HANDICAPPED

BY
THE MARYLAND DEPARTMENT OF
STATE PLANNING

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TABLE OF CONTENTS

	<u>Page</u>
Background	i
Chapter One - ADVOCACY GROUPS: THEIR ORIGIN, DEVELOPMENT, AND IMPACT ON STATE GOVERNMENT	1
Chapter Two - STATE SERVICES FOR THE BLIND AND VISUALLY IMPAIRED ..	6
Part A: Understanding the System	6
Part B: Service Areas and Problems	10
Education	10
Employment	13
Health Services	15
Social Services	15
Financial Services	16
Legal Services and Advocacy	16
Transportation	17
Additional Areas of Concern	17
Part C: Key Problems in State Service to the Blind and Visually Impaired	19
Chapter Three: RECOMMENDATIONS FOR IMPROVING THE STATE'S SERVICE DELIVERY, PLANNING, AND MANAGEMENT FUNCTION FOR THE BLIND AND VISUALLY IMPAIRED	22
References	30

Background

The Governor's Office on Coordination of Services to the Handicapped (GOCSH) requested assistance from the Department of State Planning in evaluating current programs serving the blind in Maryland and in developing an appropriate legislative or administrative strategy in advance of the 1980 session of the General Assembly. This request was prefaced by previous legislative sessions (1978 and 1979) that witnessed some of the most bitter and divisive battles ever seen in Annapolis - waged by blind constituents and advocates for the blind over the creation of a State Commission for the Blind. That Commission would have consolidated the services of Blind Industries and Services, the Maryland School for the Blind, the State Library for the Blind and Physically Handicapped, and the Division of Vocational Rehabilitation of the State Department of Education. Proponents of this legislation cited the need to improve a fragmented service system for the blind, while opponents stated the needs of the less-than-blind but still visually impaired and multiply handicapped would lose the priority they thought this group deserved based on their needs and increasing numbers.

In 1978, the General Assembly considered three Senate bills (SB 916 - Crawford, SB 969 - McGuirk, and SB 1123 - Conroy and Curran) all of which generally dealt with the issue of consolidation of services to the blind. No consensus was reached and the Senate Finance Committee agreed to study the matter during the 1978 Interim. The results of their efforts are documented on pages 51-53 of the Report of the 1978 Legislative Interim. Essentially, the Finance Committee sponsored several meetings between GOCSH, blind clients and major service providers and concluded that GOCSH's lead role as a negotiator and arbitrator was a valuable one. GOCSH assumed an integral role again in 1979 when the issue of blind services resurfaced.

In 1979, two major pieces of legislation of interest to the blind were introduced. The first (SB 512), would have created a State debt to help finance the mortgage, renovation, rehabilitation and conversion of a Baltimore City property to become a National Center for the Blind. SB 442, the other major bill, dealt with programmatic issues. It would have changed the name of Blind Industries and Services of Maryland to Maryland Services for the Blind and would have made it the sole agency serving the blind, by transferring to it related services of the Division of Vocational-Technical Rehabilitation. Clearly, many, if not all of the problems that were raised in 1978 were unresolved.

GOCSE again played a critical role during the summer. GOCSE convened an advisory group composed of several advocacy organizations, service agencies, and consumers. This group was polled in an attempt to identify all State agencies serving the blind and visually impaired. Such a list was developed as well as the addition of agencies the group thought should be serving this population group. The listing was by no means inclusive of all State agencies or programs. With the assistance of this advisory group, GOCSE developed and mailed a questionnaire during the Summer of 1979. All but one of the agencies completed and returned the questionnaire. A summary of the findings was prepared by GOCSE but has not been publicly distributed. Several members of the advisory group provided written comments on this summary report. The report itself was a summation of questionnaire responses with no attempt to analyze or interpret the findings. Both Fiscal Services and the Department of Legislative Reference had become involved in mini-analyses of this problem area. Fiscal Services provided a thorough compilation of public and private service providers and a service "flow chart," while Legislative Reference attempted to identify specific programmatic mandates and goals and objectives.

It was at this point in October 1979 that GOCSH requested the assistance of State Planning in reviewing the problems inherent in the State's current blind service and support system. The Department of State Planning was also requested to outline approaches or strategies that might improve services to the blind and to identify any further areas of study that should be undertaken to enhance the state of knowledge or support or justify any recommendations.

This report consists of three sections. The first is a general discussion of the role of target groups and the pressures they bring to bear on State government. by way of illustration, a brief review of the developmental history of the Office on Aging is presented. This example helps to set the stage for understanding the current legislative pressures for creation of a single agency to serve the blind. It also outlines the problems that are likely to occur in such a response.

The second section specifically deals with the State's current responsibilities for serving the blind and identifies major programs and services. An agency/service matrix is presented and is accompanied by an analysis of major gaps and duplications. Key problems in the service delivery system for the blind are also identified.

Finally, the last section contains several recommendations that are designed to improve the delivery of services to the blind. The recommendations are general and are purposely broad in scope to address the increasing fragmentation in Maryland State government. They should assist the Governor's Office for Coordination of Services to the Handicapped meet the expected pressures from advocates for improved blind services and other target groups that are certain to surface in the 1980 General Assembly. Hopefully, the content of this report will assist GOCSH in developing an appropriate legislative or administrative solution to the Governor.

CHAPTER I

ADVOCACY GROUPS: THEIR ORIGIN, DEVELOPMENT, AND IMPACT ON STATE GOVERNMENT

In 1969 there were 246 State departments, boards, commissions and "other units" of the executive branch in Maryland government.^{1*} The simplest legislative or administrative approach appeared to be the creation of an independent body every time a special interest or target group raised its voice. This organization of State government afforded equal status to the State Apple Commission and the State Police. The final report of the Curlett Commission, the Governor's Executive Reorganization Committee, recommended reorganization according to broad functional responsibilities. Major agencies were to be headed by a Secretary and a cabinet system was recommended so that communication and coordination among principal departments could be enhanced. The 1969 Legislative Session adopted the recommendations of the Curlett Commission and initiated major State government reorganization in Maryland. That reform movement, although substantially completed by the early 1970's, has been threatened each year by the growing pressures exerted by target groups who believe that their special needs cannot be met by the existing governmental system.

The legislative precedent was set for the creation of other special offices for other target groups when the State Office on Aging was created in 1975. Legislation to create an Office for Veteran's Affairs was passed in 1977, for Coordination of Services to the Handicapped in 1977, and for Children and Youth in 1978. At the same time, a State ombudsman was recommended through legislation in both 1976 and 1977 General Assemblies but was defeated in both years. It is fairly easy to understand why legislators agree to vote for new agencies when they are confronted with growing pressures from target groups. There is a decided anti-government movement among

*citations to numbered references appear on page 30.

interest groups and even legislators today; they believe the current organization and delivery system is too large, too cumbersome, and generally too bureaucratic to be able to effectively respond to the special needs of target groups. Among the over 18,000 employees of the Department of Health and Mental Hygiene and the Department of Human Resources and the extremely complex structures of these two State agencies, it is easy to understand how the special needs of the handicapped (substitute elderly, youth, veterans, etc.) might go unrecognized and unmet. Legislative proponents of offices for target groups find their creation politically expedient; it tends to show the legislator's sympathy with the cause of these groups. Although experience indicates the contrary, legislators feel that these agencies will be easy to monitor and to abolish after their task is completed. Other proponents simply believe that the creation of such offices will help to focus attention on the needs of these groups and will allow the needs of their members to be more effectively met. There is a belief that special offices can help cut through the maze of governmental red-tape so that the best services can be located and delivered with a minimum of interference and delay.

Special offices for target groups progress through several developmental stages; they are usually first created for the express purpose of advocacy. There is strong evidence to support the fact that governmental agencies as direct service providers cannot effectively act as advocates for the various special populations they serve. The Developmental Disabilities Council, in "A Position Paper on Advocacy on Behalf of Persons with Developmental Disabilities" (Sept. 1979) states "... one who is providing services or has some control in a client's life, cannot then switch roles and become an advocate with all the objectivity necessary. Therefore, it is our position

than an advocacy organization cannot provide direct services to clients and continue in their advocacy posture without addressing conflicts of interest."² Advocacy is best performed outside of the governmental structure. Once advocacy functions are formalized and legitimized it is natural to expect them to begin to move into the next development stages of coalition, stabilization, representation, and division.* Public administration theory states that each of these stages makes predictable demands upon government.³

These evolutionary stages essentially correspond with an agency's growth and are marked by stages of support gathering, recognition, formalization and finally the pressure to flex its muscles, create a separate agency, and move into service delivery. The notion of territoriality ("turf") assumes a broader and broader definition. These organizational stages are clearly evident when one reviews the legislative history of the Office on Aging. That Office was originally created in 1975 as an advocacy and coordinative body; in 1976 and again in 1977, legislation was introduced to transfer certain services from the Department of Health and Mental Hygiene and Human Resources to the Office on Aging. These services were those long-term care services whose clients are mostly the elderly, although most social services have no age requirement. What ensued during those two legislative sessions was a bitter, resentful, and inefficient fight over this proposed transfer of services. Advocates for the aging argued that the system serving the elderly in Maryland is a non-system - often uncoordinated and almost always confusing to the

* The coalition stage is typified by the emergence of an issue or charismatic leader which serves as an organizing force. Stabilization involves selection of permanent leadership and methods of operation, as well as the beginning of specialization. Representation is characterized by the formation of relationships with other agencies as well as clear recognition by government and the public alike of the target group's roles and responsibilities. Finally, division occurs when advocacy functions become redirected into organizational maintenance; bureaucratization sets in as procedures become formalized.

elderly, the client's family, and service worker alike. They argue that it is difficult to know what services exist, who provides them, what the eligibility requirements are, and basically how to get to what is "out there." The ability to match client needs to available services appears to be the premise for centralization of services. Issues related to cost-efficiency are also presented to further make the appeal. On the surface, some of these arguments seem valid and quite worthy. However, upon closer examination, it is possible to view the drawbacks to this approach. The similarities to the current problems in meeting the needs of the blind and visually impaired are quite vivid.

Services to the aged, like services to other target groups, are delivered at the local level, usually through local health departments, departments of social services, non-profit groups, etc. (The State's function generally clusters around the areas of **overall** planning, supervision and monitoring, and funding or channeling of Federal funds.) Had the Office on Aging assumed service delivery responsibilities, it would have been necessary for it to contract with these local health and social service departments. This would have resulted in significantly higher administrative costs while the actual manner of service provision would have remained much the same. Arguments based on cost-efficiency quickly lost their credibility.

There were several extremely cogent points made by those who were concerned about the transfer of service delivery responsibilities to a single agency. The first centered on the fact that health and social services are provided to all persons in need and not by category of age or other specificity. For example, home care services or services to the chronically ill, while utilized primarily by the aged, are **needed by other adults and also children.** Partializing these services to serve special groups presented a costly, burdensome, and duplicative service delivery arrangement. It also

runs counter to the philosophy of treating the family in a holistic manner, rather than one agency serving one age group and another agency serving yet another group. The State's major service delivery agencies are based on the principle that persons may **occasionally** need supportive services at any vulnerable time during their life and that a person should not first check his age before inquiring of a particular agency.

The second factor important to considering the proposed expansion of responsibility of the Office on Aging relates to the inherent conflict between advocacy and service delivery. Most public administration theorists and practitioners agree that these are not compatible functions. Related to this, opponents were concerned that the inherent system of checks and balances would be disruptive to the system in which one agency could essentially act as an outside monitor or evaluator of another.

The arguments continued for two years and the Office on Aging eventually withdrew this legislation. The effect of this process took its toll as relationships with the Health Department and Department of Human Resources were very strained and untrusting for a long period of time. In retrospect, it is clear to see that it was the elderly who suffered the most from this organizational tug-of-war.

This brief legislative history of the Office on Aging is presented because, in so many ways, it bears a striking resemblance to the struggles that were begun in the last General Assembly over the creation of a Commission to the Blind. Hopefully, lessons learned from this experience can be applied to the current controversy over provision of services to the blind and visually impaired.

CHAPTER II

STATE SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

Part A: Understanding the System

The State's responsibility to its blind and visually impaired is not unlike its responsibility to its fully sighted population. These persons, through both Federal and State legislation, are entitled to a full complement of services to help them attain their potential. However, an analysis of the State's responsibility to its blind or visually impaired residents should be considered on two levels. The first level is structured upon the "ideal" and can be better addressed by asking the question "What should be the State's responsibility to its blind and visually impaired?" The second level is best addressed by asking "What services are currently provided by the State to its blind and visually impaired?" Analyzing the discrepancy between the ideal and the real helps to shape the goals for a realistic and responsive service system.

Civil libertarians assume the position that every disabled person is entitled to the same rights, privileges and opportunities as the physically able person. These amount to education, health care, employment assistance, and financial assistance when needed. Financial support, while not actually considered a "service," is a requisite to a decent, safe, and healthful quality of life. Issues related to the civil rights of the disabled focus largely on protection of these rights.

The "ideal" service and support system should accommodate a client's entry at a point along any continuum of care. It should be both humane and cost-effective. It should help each person to function at a level of personal independence commensurate with his individual ability. The goals of this system can be realized only if all of the components work in an integrated manner toward the same purpose. The various public agencies and

providers serving the blind and visually impaired in Maryland do not work as a system, but instead operate within their own boundaries and, where existent, with separate program objectives and eligibility criteria. The reasons for this are several: different Federal and State programmatic funding sources (categorical grants); different administering agencies battling over limited resources; and pressure from different "groups" of the blind and visually impaired who believe their special needs cannot be accommodated by a functional agency such as the Department of Health and Mental Hygiene, the Department of Human Resources, or the Maryland State Department of Education. This "non-system" is best typified in Maryland by the four major service providers to the blind and visually impaired. Blind Industries and Services of Maryland, the Division of Vocational Rehabilitation of MSDE, the Maryland School for the Blind, and the Library for the Blind and Physically Disabled all have different functions, clientele, and funding mechanisms. What little overlap or coordination there is appears more a function of accident than design.

In contrast to the "ideal" service network is the reality of the State service system. The survey of agencies and programs serving the blind and visually impaired conducted by the Governor's Office on Coordination of Services to the Handicapped was a thorough one. Probably its greatest liability is the fact that questionnaires were mailed to respondents who were asked to complete the forms themselves. Therefore, the responses are subject to the individual interpretation of the survey respondents. Terms like "objectives" or "evaluation" were interpreted differently by the agencies; such subjectivity limits the comparability of certain questions. This would have been difficult and time-consuming to correct and should not have a critical bearing on the results of the study effort. Even personal

interviews would have contained some of the same biases because differences in interpretation exist among agency heads, program directors, or line staff.

The list of State agencies that received the questionnaire was compiled after a poll of the advisory group convened by GOCSH during the Summer of 1979. This list was not exhaustive of all State agencies. It was composed of agencies that the advisory group members thought either provide or should provide services to the blind and visually impaired. The 33 respondents were almost entirely human service (health, education, social services) agencies and programs. Several units of government, such as planning agencies and State boards, do not provide direct services but were considered important to the survey because of their input to the development of State policies and programs. Agencies were asked to check (from a prepared list) those services they provide. This inventory of services was reviewed and consolidated by the Department of State Planning into major functional areas and is reproduced in the form of a service matrix on the next page. Clearly, a large number of agencies responded to the questionnaire by indicating that they provide some type of service to the blind or visually impaired. The number of agencies can be deceptive to an analysis of the service delivery system because it appears so extensive. It is important to reiterate that there are only four major service providers to this group - Blind Industries and Services of Maryland, the Division of Vocational Rehabilitation of the Maryland State Department of Education, the Maryland School for the Blind, and the Library for the Blind and Physically Handicapped. The other educational, health, social service and miscellaneous agencies serve the blind only when this group meets other primary eligibility criteria such as income; blindness or visual impairment is not the sole condition for service (i.e., blind or visually impaired persons receive medical assistance if they meet a criteria of financial need, and not because of their vision impairment).

Because GOCSH's questionnaire was directed towards service providers, there was no way to evaluate client perceptions, of or satisfaction with, the service system. This would be an extremely valuable "next step" that would help to identify operational problems. There is also a caveat to be added to any client satisfaction survey. People's service expectations differ greatly; those with high expectations are more likely to be critical than those with minimal or lower expectations. Should a client survey be undertaken at some time in the future, it should address such issues as responsiveness of agencies, waiting time for service, follow-up, referrals, and overall satisfaction with the service offered. Lacking that component of the study, one can review the testimony of consumers and parents of consumers who have appeared at legislative hearings and who have submitted written correspondence to both the Senate Finance Committee and GOCSH. Clients can very often identify both problems and solutions that are elusive to service providers. Perspectives of both providers and consumers need to be heard if the service system is to truly begin to meet human need.

Part B: Service Areas and Problems

This section is organized according to major functional areas of State-provided service. They include education, employment or vocational, health, social and financial services. Ancillary or supportive services such as advocacy and protection of legal rights and transportation are also discussed. Each service area will be briefly analyzed in terms of actual services provided, gaps or duplication of service, and outstanding problems or barriers to effective coordination and service delivery.

EDUCATION: Over 70% of all school age blind children are educated in the public school systems of this country.⁴ It is safe to assume that this percentage is comparable in Maryland. Blindness or vision impairment is

usually not considered a severe learning disability. These children are often highly motivated and seem to excel in school. The numbers of children with blindness as their only disability, however, are in ever-decreasing numbers. The multiply-handicapped child presents unique educational challenges that demand the full talents and energy of educators and resources of local school systems.

Education represents the area where society appears to be moving closest to meeting its obligation to the disabled population. Public Law 94-142 (Education of the Handicapped) assures the right to a free and appropriate education for all children ages 3-21. The State Department of Education's Division of Special Education and the Maryland School for the Blind are the major educational providers in the State. As of December 31, 1978, these two agencies and other educational institutions outside the State served 712 blind or visually impaired Maryland children. This number is expected to increase as Maryland phases in its full accounting system for all children ages 0-21.⁵ While the Division of Special Education is the major public provider of educational services to Maryland children with special needs (the State Department of Education has the responsibility for insuring all handicapped children a free, appropriate public education), the Division's operating budget that supports services to blind and visually impaired students through local education agencies is exceedingly low - only .061%. The percentage for the School for the Blind is, not surprisingly, much higher - 72%. Differences in procedures for accounting for these amounts may be significant, so any comparison should be made with caution. A large part of this discrepancy can be accounted for by the fact that the number of students that MSDE-Special Education service who have blindness or visual impairment as their single handicap is quite small. The Division of Special Education services children with a

wide range of handicapping conditions. The opposite situation is the case of the Maryland School for the Blind, where all children have vision impairments. These two agencies work cooperatively, making referrals and sharing information and resources whenever appropriate. The School for the Blind, although a private non-profit corporation, receives significant State funds. It is shown as a line item in the MSDE budget.

There are, however, several identified flaws in the provision of educational services to the blind or visually impaired. The limits of Public Law 94-142 relate to its upper age cut-off. For many children, the educational process is not yet complete; age 21 represents an arbitrary cut-off that is not related to a student's level of functioning. The pressure to continue free educational services beyond age 21 will continue to mount as more and more children who are now being educated under the aegis of Public Law 94-142 reach the upper age thresholds. The State would be wise to consider the implications of this law and to begin to prepare to meet the wide spectrum of educational needs of its disabled adults. One way to begin to move in this direction is to facilitate the effective integration of academic and vocational skills.

Education is interrupted during the summer months; many blind and handicapped students who have been making tremendous strides in learning and socialization skills begin to regress. Their progress is halted and many months in the fall are spent in remedial work to bring them up to their previous functional level. This also presents an emotional hardship for the family and teachers of these blind or multiply-handicapped children.

The University of Maryland, including all of its branches, and other public educational institutions did not indicate significant numbers of blind or visually impaired students. The impact of recent regulations regarding implementation of section 504 of the Federal Vocational Rehabilitation Act

(which requires all facilities financed, in part or wholly, by the Federal government to be accessible to the handicapped) are just beginning to be felt. Educational opportunities for disabled of all ages will widen as colleges and universities begin to retrofit their buildings and become more sensitive to the special needs of visually impaired and other disabled students. It is expected that larger numbers of these students will be attending higher education institutions in the future as a result of having received primary and secondary education as guaranteed by Public Law 94-142.

Several recommendations are offered regarding the improvement of educational services to the blind and visually impaired. As more blind and visually impaired students enter the public school systems, the awareness of public school teachers of the special problems of these students must be increased. Teachers will also need to become familiar with the various special programs available to these students through Maryland School for the Blind and other institutions, so that effective referrals can be made. Year-round educational programs for multiply-handicapped children should be instituted so that special students' learning is not disrupted during the summer months. And finally, life-long learning potentials of the blind and visually impaired should be broadened by improving the linkage between educational and vocational guidance and training.

EMPLOYMENT: No functional area serving the blind is as fraught with controversy as the provision of vocational counseling, training, or employment services. These services, primarily provided by the Division of Vocational Rehabilitation of MSDE and Blind Industries and Services of Maryland (BISM), are also offered by a myriad of educational, health, and counseling programs. There is a distinct hierarchy among the service providers with DVR considered the "grand-daddy." DVR serves all ages of all

handicaps and is broad in its approach to employment counseling in an attempt to meet all clients' needs. BISM, on the other hand, serves only the blind and is considered by those with handicaps in addition to blindness to be chauvinistic. It is little secret that there is dissention and unproductive jealousy between these two agencies. Legislation granting "super powers" to either agency would likely be counter-productive by increasing the already strained relationship between DVR and BISM.

Neither agency is well-suited to be the single service agency for the blind or visually impaired. BISM serves only blind adults. BISM establishes regulations for the control and sale of products made by blind persons; they also distribute white canes and other aids and appliances needed by the blind. Although BISM, like Maryland School for the Blind, receives significant State funding, its linkage with the leadership of the National Federation for the Blind is fairly well known. The philosophical orientation of BISM emanates from NFB's national leadership; this may mean that Maryland's priorities or service objectives are not expressed. This is difficult if not impossible to verify. DVR, on the other hand, receives 80% of its funding from the Federal government so it can hardly be stated that this agency can be totally responsive to Maryland's unique concerns or problems. When Federal dollars are accepted, there is an understanding that these funds will be spent according to Federal guidelines. Addressing and meeting Maryland's needs will only be accomplished when State funds are committed to programs. Reliance upon the Federal government for program support ultimately undermines the local service system. There is, based on responses to the questionnaire, a heavy reliance on DVR by other agencies who indicated that they "make referrals" there. There is no way to trace referrals to tell how many of these potential DVR clients are actually served.

Twenty-one different agencies responded to the GOCSH questionnaire by indicating that they provide some type of vocational counseling or employment services; considering the number of agencies not receiving the questionnaire and the number of private service providers, the actual number is actually much higher. There is certainly no service shortage in this area. The problem seems to be one of coordinating existing services into a responsive network to best serve the blind or visually impaired citizen. Strong executive leadership and support for such a coordinated effort is needed not only in the area of employment services, but also for the entire service system for the blind.

HEALTH SERVICES: Neither blindness nor other visual handicaps are associated with special or chronic health problems, but blindness or vision impairment is often secondary to other health conditions such as diabetes. State-provided health services to this population group, then, are essentially the same as those provided to the general population. Health services to the blind and visually impaired are provided by the Drug Abuse, Mental Hygiene, Mental Retardation, and Preventive Medicine Administrations of DHMH, but not in any manner targeted to this special population. Medical Assistance, by paying for physicians' and other health providers' care for those who meet eligibility criteria, provides a valuable service to the blind and visually impaired who are very often under- or marginally employed. One of the most important things the State could do is to adequately fund diagnostic procedures for all school-age children to detect vision problems. This would help to assure adequate treatment and training at an appropriate age.

SOCIAL SERVICES: Like health services, no special social services are designed specifically to serve the blind. However, because of current employment practices, many blind and visually impaired persons' total assets

make them "income eligible" for Title XX services, as provided by the Department of Human Resources, or other public or private agencies whose services are purchased through DHR. These services include community home care, mental health and alcoholism services, homemaker service, legal services and other services to assist the blind and visually impaired to become self reliant. Although all Title XX services are available to the blind and visually impaired if their total income meets eligibility standards, there is a special service category entitled "Special Services to the Handicapped." \$41,373 has been allocated for FY '80 to assist 130 blind and handicapped individuals attain self-sufficiency.⁶ Personal supportive services (a broad definition in itself) are also provided by educational institutions, units of the Health Department and BISM. Services are provided by social workers, clinical psychologists, vocational or rehabilitation counselors, educators, and others.

FINANCIAL SERVICES: Both Federal and State programs are available to the blind and visually impaired whose incomes fall below certain established levels. These programs serve the general population; none are designed solely for the visually handicapped. SSI (Federal) and Public Assistance to Adults (State) are the two major benefit programs. It is well recognized that Maryland's payment level is low in relation to its per capita income and overall cost-of-living. Increases will be incrementally made in the payment levels; when they are, they will hopefully improve the standard of living for all recipients, including the blind and visually impaired.

LEGAL SERVICES AND ADVOCACY: The Commission on Human Relations investigates discrimination complaints from all Maryland residents. It does not provide private legal counsel or engage in litigation. Although not a survey respondent, the Maryland Advocacy Unit for the Developmentally Disabled (MAUDD) does provide these services. Their clients must be developmentally disabled

persons (persons whose disability began before their 22nd birthday and whose disability has significantly disrupted their development and is expected to continue through their lifetime). In addition to provision of legal counsel, MAUDD acts as an independent advocate to assure continuity of care and quality services.

TRANSPORTATION: The service matrix developed from survey responses indicates that nine agencies or programs provide some type of transportation service to the blind or visually impaired. Some programs provide this service directly, others contract or purchase transportation services from other agencies, others reimburse clients for incurred costs, and still others offers reduced fares for blind or handicapped individuals. The transportation services of the Preventive Medicine Administration (Crippled Childrens Services and the Infant, Child, and Adolescent Health Services programs) are offered to the service population under 21. The Mass Transit Administration of the State Department of Transportation provides special identification cards for elderly and handicapped riders to use for discounted fares. It is fair to state that blind and visually impaired persons are able to utilize this service more than physically handicapped persons whose mobility is constrained.

ADDITIONAL AREAS OF CONCERN: GOCSH's questionnaire asked respondents if their agency was accredited by an outside source, such as a professional organization or a State or Federal licensing authority. Analysis of responses to this question is not a worthwhile effort because so many of the agencies serve either the total population or primarily other target groups. For those four primary service agencies serving the blind and visually impaired, accreditation appears adequate, although by a large number of differing accreditation agencies. Agencies of the Federal government are listed frequently as the accrediting agency; this is a result of the direct link between

Federal dollars and State programs. Some persons contend that there is little if any relationship between quality of service and accreditation. For this and related reasons, accreditation will not be considered as an indicator of quality or efficiency.

Agencies were also queried as to whether or not they were evaluated by an outside source or had stated program or service goals/objectives and evaluation methodologies. It is here that the disparities in interpretation of responses are the greatest. Variation in type of responses makes any kind of comparison less than meaningful. For example, some agencies replied with statements about individual client service plans, some with reference to "constant evaluation taking place," others discussed staff training, and still others listed student feedback. The Department of Legislative Reference performed a programmatic evaluation of agencies at the request of GOCSH and determined that many agencies and programs operate without specified goals or objectives. The result of their work reaffirms the problems that surfaced in the GOCSH study. It is not difficult to understand why service evaluation is both so erratic and incomparable.

Survey responses indicated that the involvement (either in quantity or quality) of blind and visually impaired persons in an advisory capacity to State agencies and programs is minimal. Most programs and services attempt to keep clients and their families informed of planned changes and several utilize formal advisory groups to obtain program input. But, for the most part, mechanisms to help assure the input and involvement of clients in program design have not been developed.

Interaction between and among programs serving the blind and visually impaired was addressed in the last question of the survey. The survey instrument does not permit an evaluation of the type or level of interaction, but only whether or not interaction takes place. Responses ranged from

extensive interaction, to none, with several agencies indicating a willingness to cooperate with other programs. Such a response is illustrative of the need for greater program awareness among all providers.

Part C: Key Problems in State Service to the Blind and Visually Impaired

A large number of State agencies, in addition to an always changing number of private agencies, are involved in the provision of some kind of service to the blind or visually impaired. The link between the public and private sector has grown closer as reliance upon purchase-of-service agreements has grown. While the number of programs or agencies would appear to represent a service maze for the consumer, this is actually not the case. It is often advisable, if not preferable, to offer a full range or complement of services through different providers. It is important that agencies know of each other's services and know when it is appropriate to refer a client elsewhere. For this reason, an accurate and timely service directory for the blind and visually impaired should be maintained. This could be combined with other information regarding visual handicaps and be a sourcebook for teachers, parents, service workers, etc. This sourcebook would be helpful in forming a network for various providers.

Major service problems have been identified through review of the questionnaire responses, letters or critiques of the original questionnaire summary by members of the advisory group, and conversations with other experts in the field. These problems are highlighted in the following pages. There will continue to be differences in service needs (and therefore, resources to meet them) between the blind or visually impaired student who can be educated in the public school system and the blind child with other handicapping condition(s) who must receive specialized educational services. This problem has the potential of seriously factionalizing parents

against each other and all efforts should be made to avoid this situation through a fair and rational approach.

Public school instructors will need to be made sensitive to the special needs of blind and visually impaired students as more and more of these children are "mainstreamed" into local schools.

Although likely to be settled in this year's legislative session, the problem of a dual licensing function of vending programs (BISM licensing vending programs on State property and DVR licensing programs on Federal and private property) has hampered effective employment, regulation, and coordination.

Survey respondents indicated that community programs serving the blind and visually impaired, as well as other disabled persons, are sorely needed. The problem was fully documented in Deinstitutionalization: Problems and Opportunities, a 1976 report prepared by the Department of State Planning.

The needs of older blind persons appear to be minimally (if at all) addressed by State agencies and programs. 50% of the blind are over 60 years of age; their blindness is most commonly brought on by diseases associated with aging - macular degeneration, glaucoma, diabetic retinopathy, and cataracts.⁷

The multiply handicapped adults who have not benefited from mainstreaming or community programs present unique and difficult problems for State agencies and programs. Their needs are the most severe, most difficult to meet, and unfortunately, the last to be considered.

Survey responses indicated that the blind and visually impaired do not appear to be well represented on advisory boards or through any other formal advisory capacity to State agencies and programs serving the visually impaired. Their absence has critical bearing upon the policy, procedures, and actual

delivery of services. The membership of visually handicapped on Statewide boards and commissions helps to sensitize the full membership to the special needs of this population group; affirmative steps should be taken to increase their numbers on such bodies.

Local priorities may not be realistically identified and addressed, considering the strong relationship to Federal funding sources, especially the Division of Vocational Rehabilitation. This problem, however, is not unique to services to the blind, but hampers all State and local programming that is supported with Federal funds.

CHAPTER III

RECOMMENDATIONS FOR IMPROVING THE STATE'S SERVICE DELIVERY, PLANNING, AND MANAGEMENT FUNCTION FOR THE BLIND AND VISUALLY IMPAIRED

Given the attendant legislative history, the question of consolidating State services to the blind is certain to be raised again this year. And there is no reason to believe that the fight will be any less bitter than in previous years. While both the proponents and opponents of such consolidation appear to present valid arguments, it is the position of the Department of State Planning that any legislative or administrative alternative related to consolidation of services would be more problematic than the current system. Consolidation, while not the only issue, is considered by many as the major one related to improving services to the blind. Such an action is fraught with problems, including the setting of historical precedent that would threaten to destroy the governmental reorganization that took place in the early 1970's.

The ability of government to respond to human needs in an integrated manner becomes very difficult as people begin to view themselves or be viewed in separate categories. The stage is then set for political in-fighting for funds and attention by the various "categories" of need. The pressure on legislators and administrators is enormous, as their only option quickly narrows to responding to those who yell the loudest and the earliest. The creation of a single agency to accommodate the needs of the blind would undoubtedly need to focus its staff resources on this particular problem; the person who has other handicaps in addition to blindness would not be the most suitable candidate for this agency's services. Because blindness is not usually an isolated handicap, but is associated with other health problems (this is especially true of older blind persons whose vision impairment is secondary to other diseases), these persons' needs are likely to fall

farther between the cracks with the creation of a single office or commission for the blind.

Related to meeting client needs is the issue of choice of services. As long as there are several agencies providing related services, there remains an element of choice for the consumer. The Department of Fiscal Services (in a special study prepared for the Legislature) identified 40 public and private agencies, volunteer organizations, consumer groups and medical institutions that provide either direct or support services to the blind and visually impaired. This list is by no means exhaustive; it is mentioned to illustrate the vast array of available services. Although many people think that duplication of services is a problem, it has been shown that little service duplication actually exists.⁸ A range of complementary services serving different populations exists and attention should be focused on developing or strengthening coordinative relationships between and among these programs. One way to do this is to increase the awareness of persons who work with the blind and visually impaired as to the availability of programs and ancillary services for this target group.

For example, a counselor at the Division of Vocational Rehabilitation may become aware of discrimination against a blind client by a potential employer. Not knowing what support services exist in the community, that counselor has few options: to recommend private legal counsel (expensive) or a community services attorney (difficult to obtain), or to take no legal action at all (not satisfactory). If this counselor was aware of the services provided by the Maryland Advocacy Unit for the Developmentally Disabled, legal services could be secured to assist this client (providing that the blindness occurred before age 21 and is therefore considered a developmental disability) bring suit against the employer.

The range of services currently provided by so many public and private agencies is ultimately beneficial to the blind or visually impaired person. A monopolistic situation, be it in business or government, is one that acts as a disincentive to competition and efficiency. For this and the other reasons detailed above, the Department of State Planning advises GOCSH to take a firm stand against the concept of a single State agency or commission to serve the blind. It is important that no additional target group agencies be created at this time. There is no doubt that there is a need to develop approaches to better meet the special needs of target groups, but these approaches should be consistent and compatible with Maryland's existing governmental structure and should be comprehensive in their design. Several alternatives that meet these criteria are described in the following paragraphs.

The appointment of a human services representative (HSR) in each of the major State human service agencies⁹ is one approach to improving the coordination of human services to the blind. This need not require the appointment of a new staff person, but could be premised upon the upgrading of an existing staff position so that this person could function as a liaison or ombudsman for all sectors of the public served by that particular agency. It is possible that each agencies' 504 coordinator could assume these responsibilities; in other agencies the public information officer or other staff person could be appointed to serve in a HSR capacity. The HSR would serve as a link between all target groups and that agency. The HSR's would work together and collectively would form a network within the executive branch that could meet the needs of target groups on a government-wide basis. The responsibilities of the HSR would include advocacy, public education and information linkage, coordination of interagency planning and service delivery activities for target groups, referral services, investigation of complaints or grievances,

and input to the formulation of State policy in relation to better meeting the needs of target groups.

HSR's should be highly visible within an agency and should be able to work compatibly with the agency director. Their neutrality and impartiality are critical to the operation of their office. They need to be trusted and respected by target groups, advocacy agencies, and private providers. Consumers could be involved in the work of HSR's through participation on advisory councils, staffing volunteer work in the Office of the HSR, and other mechanisms.

The costs of establishing an Office of HSR are minimal; cost savings that can be realized through both a moratorium on the creation of any new special offices and the sunsetting or termination of any existing offices. HSR's, by virtue of the service they would provide to the Governor, the Legislature, and constituent groups, would be a sound investment by the State. It is possible that a single HSR could be appointed to serve in one agency in a demonstration capacity. While not having the benefit of HSR's in other agencies to work with, this person would nevertheless be able to be successful. The strength of such a pilot approach is based on the fact that the system can be refined and modified before it is put in place in every major State human service agency.

Another option for improving the planning, management, and delivery of human services in a comprehensive manner would be the development of a Human Services Council (HSC). The HSC is a sub-cabinet council composed of the secretaries (or their high level designees) of the major human service agencies: DHR, DHMH, DoA, MSDE, GOCSH, DBFP, and DSP. Other agencies such as DECD or the Fire Marshall's Office could attend meetings on an as-needed basis. The concept has been tested in other states and has a successful history in Colorado where it was funded through an HEW Partnership Grant.

Sub-cabinet councils can effectively deal with interdepartmental issues that are too narrowly focused to require full cabinet attention. The other advantage of a HSC is that it can address issues that are still in the formative stage before they become problems so systematic that their resolution is itself problematic. In effect, a HSC acts as an "early warning system." Issues to be addressed may be raised by the member agencies, staff, or the Governor. Regular meetings of the HSC would create opportunities for furthering coordination and teamwork as well as creating discrete decision points for gubernatorial direction. Devising methods to better meet the needs of the blind and visually impaired is the kind of matter a HSC could address. It could also deal with other interagency issues such as accessibility for the handicapped, deinstitutionalization activities, coordinated transportation services for the mobility constrained, etc. The HSC could be staffed by the Department of State Planning or by the functional agencies. Its clear advantage is its broad-based and comprehensive approach to planning and management concerns of human services.

The HSC approach has considerable merit in terms of internal (governmental) management and administration, but is less client-focused than the concept of the Human Services Representative. Because the HSC has no associated new costs and because these two concepts are compatible, it is reasonable to consider implementing both the HSR and HSC. The two concepts should be mutually reinforcing and together represent an approach that is both management-oriented and client-focused.

Still another management-oriented approach that can serve to better meet the needs of the blind and visually impaired is based on the concept of an interagency coordinating council specific to the needs of the visually impaired. A number of models for this approach now exist within the State; the most successful aspects of these models can be integrated to help assure

that the interagency effort has a positive impact. The Governor's Commission on Funding the Education of Handicapped Children, Phases I and II (The Schifter Commission), The Governor's Study Commission on Structure and Governance of Education in Maryland (The Rosenberg Commission), the Governor's Commission on Title XX Planning, and the Interagency Committee on the Planning and Budgeting of Aging Services all represent examples of successful interagency efforts that focused on a single problem or target group. A large part of these groups' success can be attributed to the fact that their mandate was an explicit charge from the Governor. Some basic ground-rules for the establishment and success of an interagency effort also include a clear definition of the problem or the area to be studied, high level involvement, functional independence, a neutral moderator plus needed staff support, and an explicit time-frame.¹⁰ These criteria can be applied to the formation of a group that is interested in cooperatively working toward the solution of a specific problem related to the planning or delivery of services to the blind or visually impaired. An interagency coordinating council should include consumer (primary and secondary) participation.

These three approaches - the Human Services Representative, the Human Services Council, and the Interagency Coordinating Council - represent various approaches to improving the planning, management and delivery of services to the visually impaired in a comprehensive manner. They present a range from client-focused (the HSR) to management-focused (the HSC and the Interagency Coordinating Council) and therefore represent a set of options that GOCSH may wish to recommend to the Governor.

The incentives for and rewards of a coordinated service system are related to cost-effectiveness in the planning, management, and delivery of services. Existing resources are better utilized when individual service agencies operate within a network that is explicit in relation to its purpose and

goals. The task of creating that service network for the blind and visually impaired is not an easy one; it will need the assistance and input of consumers and will only be successful if carried out in an arena as free from political controversy and "turfdom" as possible.

In summary, the following recommendations are offered to improve the delivery of services to the blind and visually impaired and to all Maryland residents. While some recommendations are specifically designed to meet the needs of the visually impaired, others are broad and general in their approach and will have spill-over effects to other areas of human services planning and management.

- First and foremost is the need for strong and continued executive support for an improved service delivery system. An explicit understanding of this executive commitment by agency service providers, consumers, and the public will help assure their investment in an ernest effort towards coordination and cooperation.
- The appointment of a human services representative in each of the major human service agencies would act as a key liaison or ombudsman and also help to improve service coordination.
- The creation of a sub-cabinet Human Services Council would be effective in early identification and resolution of human services problems and would also help to improve coordination.
- An interagency coordinating committee could be created to specifically address the needs of the visually impaired.

- The publication of a sourcebook or directory of services for the visually impaired should be undertaken and regularly updated. Service providers should become thoroughly familiar with it to enhance referrals and service complement.*
- A survey of client satisfaction with services might be valuable to any redesign or refocusing of the service system. To be effective, it should consist of a selected sample of respondents representing as many different client groups (persons with different service needs and persons currently served by different agencies) as possible. Open-ended interviews would be preferable to a formalized questionnaire such as the one formulated by GOCSH for State agencies. The input of parents and primary consumers to a preliminary review of GOCSH's summary of the questionnaires was extremely valuable and helped to shape the content of this report; it is expected that their perspective would be as valuable in any further study efforts. However, the value of additional research on this subject at this time is considered nominal.

*Numerous research efforts have been completed that essentially attempt to inventory services (primary, secondary, ancillary or support) to the blind and visually impaired. These include the work of GOCSH and Fiscal Services. Although these inventories were not wholly inclusive of all State agencies, there is no pressing reason to extend the survey to these missed agencies. The Health and Welfare Council's Directory of Community Services is also a valuable resource for identifying State services for this target group. The added feature of the Directory is that it includes descriptions of programs and services of the private sector. A better link between the State and private service providers benefits clients and is a cost-effective manner of better meeting needs. In this way, the unique characteristics of individual programs can be emphasized without any single agency needing to provide all services. These service listings include pertinent information such as service location, hours of service, eligibility requirements, services provided, public transit and handicapped accessibility, and other factors. While DSP recommends no new service inventories, it does endorse the publication (from already existing sources) of a comprehensive and easy to use directory of services to the visually impaired.

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